	-	CITY OF TITUSVILLE, PA	F00	DΕ	STAB		MENT IN	SPECTI	ON R	EPORT			
CITY OF TITUSVILLE					No. of Risk Factor/Interventions Violations					Date			
DEPARTMENT OF HEALTH				No. of Repeat Risk Factor/Intervention/Violations				Current Expiration 8/25/2017					
Establishment Location St. James Soup Kitchen 112					n E. Main St.					Phone			
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ens rmi	, , , ,	older		•	of Insp		Est Type	LQ /		ategory Mac	dium la		
				Routin		ow-up	FS (RS	<u>ے</u> ر	Hi		lium ) Lo	w	
	G: 1 1 1	FOODBORNE ILLNESS RI					C HEALTH						
IN		ted compliance status (IN, OUT, N/O, N/A)  OUT = not in compliance N/O = not obs					COS = co	nark "x" ור rrected on-si		ate box for ( inspection			ın
	(	Compliance Status		cos								cos	
	Demonstration of Knowledge				Potentially Hazardous Food Time/Temperature								
1	IN OUT	Certification by accredited program,			16	IN OU	T N/A N/O	oking time & temperatures					
_	114 001	compliance with Code, or correct response	es		17	_	T N/A N/O	<u> </u>		oc for hot h		<u> </u>	4
-	'TN OUT	Employee Health			18		T N/A N/O	· ·		& temperati	-	-	4
2 3	IN OUT	Management awareness; policy present  Proper use of reporting, restriction & exclu	ısion	-	19 20	IN OU	T N/A N/O T N/A	Proper hot holding temperatures  Proper cold holding temperatures					+
	111 001	Good Hygienic Practices	abion		21 IN OUT N/A N/O Proper date marking & disposit				<del> </del>	†			
4	IN OUT N/O	Proper eating, tasting, drinking, or tobacco us	se		22	IN OU	T N/A N/O	Time as p	ublic heal	th control; p	roc & rec		
5	IN OUT N/O	No discharge from eyes, nose, and mouth						1 1 11					
	Pre	eventing Contamination by Hands						Consun			**************************************		
6	IN OUT N/O	Hands clean & properly washed			23	ім ост	ΓN/A	undercook		provided for	raw or		
7	IN OUT N/A N/O	No bare hand contact with RTE foods or	und				Hig	hly Susce	ptible P	opulation	S		
	TN OUT	approved alternate method properly follow Adequate handwashing facilities supplied &	veu		- 24	TAL OLD	F A1/A	Pasteurize	d foods u	sed; prohibit	ted foods		j
8	IN OUT	accessible			24	IN OUT	I N/A	not offere	d				Ì
9	IN OUT	Approved Sources			25	IN OUT	T BI/A		iemical		rly ugod	1	
		Food obtained from approved source			25	IN OUT		+		oved & prope perly identifie	-	<del> </del>	1
10	IN OUT N/A N/O	Food received at proper temperature			26	IN OUT	! N/A	used		,			
11	IN OUT	Food in good condition, safe & unadultera					Conform	ance with					1
	IN OUT N/A N/O	Food in good condition, safe & unadultera Required records available: shelf stock tag parasite destruction			27	ім оит			e with va	riance, speci			
12	IN OUT N/A N/O	Required records available: shelf stock tag parasite destruction Protection from contamination					N/A	Compliand process, 8	e with va k HACCP p	riance, speci olan	alized		
12 13	IN OUT N/A N/O	Required records available: shelf stock tag parasite destruction Protection from contamination Food separated & protected	js,		Ris	k factor		Compliand process, 8	e with va k HACCP p r procedu	riance, speci olan res identified	alized  d as the mos		
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12 13 14 15	IN OUT N/A N/O  IN OUT N/A  IN OUT N/A  IN OUT	Required records available: shelf stock tag parasite destruction  Protection from contamination  Food separated & protected  Food-contact surfaces: cleaned & sanitizer  Proper disposition of returned, previously	GOOI es to co	ntrol t	Ris co	ek factor entributing	s are imprope g factors of fo control meas	Compliance process, 8 or practices of codborne illnessures to previous to previous and physicals are processed as a physical physical physicals are processed as a physical physical physical physicals are processed as a physical	ce with valid HACCP per procedures or injurent foodb	riance, speci plan res identified ry. Public He porne illness	alized  d as the moselath Interveror injury.	ntions	а
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TEMPERATURE OBSERVATIONS												
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Item Number	Violatio	ons cited in this report mu	ıst be corrected within the t	ime frames below, or a	as stated in section	ons 8-405.	11 of the food code.					
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